## ARIZONA DEPARTMENT OF HEALTH SERVICES

CERTIFICATE NO. STATE OF ARIZONA }ss DOCKET NO. EMS 2972 County Of Maricopa THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of BEAVER DAM/LITTLEFIELD FIRE DISTRICT ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times: The geographic boundaries of the Beaver Dam/Littlefield Fire District as recorded in Service Area: Mohave County, Aizona. Also included in this proposed service area is Scenic, Arizona area; commencing at T39 N, R16 W, sec. 5, South thru sec. 32; continuing East thru sec. 36, continuing North thru sec. 1; connecting with T40 N, R15 W, sec 31, continuing East thru sec. 36, continuing North thru sec. 1; which connects to the current fire district boundaries as seen, as outlined in blue on attached map #1. 2. Central Operations Station: Fire Station 2, Highway 91, Beaver Dam, Arizona. 3. Response Times: In Town calls are defined as Beaver Dam, Littlefield, and Desert Springs: a. Ten (10) minutes on seventy-five (75) percent of all calls b. Twenty (20) minutes on one hundred (100) percent of all calls Highway calls are Interstate I-15 at Nevada/Arizona border to milepost 31 and Arvada: a. Twenty (20) minutes on eighty-five (85) percent of all calls b. Thirty-five (35) minutes on one hundred (100) percent of all calls Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this CERTIFICATE OF NECESSITY authorizing the operation of the aforesaid ambulance service for a period ending unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department. PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I SUSAN GERARD the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on \_\_\_\_\_\_\_ June 5, 200 C